MILWAUKEE CATHOLIC HOME
2330 NORTH PROSPECT AVENUE

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MILWA	AUKEE	53	3211

Ownership: Non-Profit Corporation Highest Level License: Skilled

Operated from 1/1 To 12/31 Days of Operation: 365 H
Operate in Conjunction with Hospital? No O
Number of Beds Set Up and Staffed (12/31/05): 122 T
Total Licensed Bed Capacity (12/31/05): 122 T
Number of Residents on 12/31/05: 117 A

Phone: (414) 220-4610

Highest Level License: Skil
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 118

Age, Gender, and Primary Diagnosis o	of Residents (12/	31/05)		Length of Stay (12/31/05)	ક		
Primary Diagnosis	8	Age Groups	%	Less Than 1 Year	47.0		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				1 - 4 Years	41.9		
Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	11.1		
Mental Illness (Org./Psy)	34.2	65 - 74	6.0				
Mental Illness (Other)	0.0	75 - 84	26.5		100.0		
Alcohol & Other Drug Abuse	0.0	85 - 94	59.0				
Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.5	.5 Full-Time Equivalent			
Cancer	1.7	İ		Nursing Staff per 100 Resid	lents		
Fractures	20.5	İ	100.0	(12/31/05)			
Cardiovascular	14.5	65 & Over	100.0				
Cerebrovascular	11.1			RNs	9.9		
Diabetes	3.4	Gender	8	LPNs	11.9		
Respiratory	0.9			Nursing Assistants,			
Other Medical Conditions	13.7	Male	27.4	Aides, & Orderlies	42.3		
		Female	72.6				
	100.0						
	200.0		100.0				

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other			Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	8	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	2	5.9	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.7
Skilled Care	10	100.0	369	31	91.2	131	0	0.0	0	72	100.0	250	1	100.0	131	0	0.0	0	114	97.4
Intermediate				1	2.9	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		34	100.0		0	0.0		72	100.0		1	100.0		0	0.0		117	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.0	Bathing	0.9		65.8	33.3	117
Other Nursing Homes	4.4	Dressing	6.0		70.9	23.1	117
Acute Care Hospitals	84.1	Transferring	35.0		40.2	24.8	117
Psych. HospMR/DD Facilities	0.0	Toilet Use	13.7		57.3	29.1	117
Rehabilitation Hospitals	0.8	Eating	49.6		41.0	9.4	117
Other Locations	0.0	******	******	*****	******	*******	*****
otal Number of Admissions	252	Continence		%	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	3.4	Receiving Resp	iratory Care	5.1
Private Home/No Home Health	45.1	Occ/Freq. Incontiner	nt of Bladder	67.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	9.8	Occ/Freq. Incontiner	nt of Bowel	37.6	Receiving Suct	ioning	0.0
Other Nursing Homes	1.2	_			Receiving Osto	my Care	2.6
Acute Care Hospitals	19.2	Mobility			Receiving Tube	Feeding	1.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.9	Receiving Mech	anically Altered Diets	20.5
Rehabilitation Hospitals	0.0				_	-	
Other Locations	0.8	Skin Care			Other Resident C	haracteristics	
Deaths	21.2	With Pressure Sores		2.6	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		3.4	Medications		
(Including Deaths)	255				Receiving Psvc	hoactive Drugs	75.2

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

************	******	*****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Non	orofit	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	87.0	1.11	84.6	1.14	86.5	1.12	88.1	1.10
Current Residents from In-County	89.7	87.6	1.02	87.4	1.03	84.9	1.06	77.6	1.16
Admissions from In-County, Still Residing	19.0	19.2	0.99	17.0	1.12	17.5	1.09	18.1	1.05
Admissions/Average Daily Census	213.6	172.6	1.24	221.6	0.96	200.9	1.06	162.3	1.32
Discharges/Average Daily Census	216.1	175.8	1.23	225.9	0.96	204.0	1.06	165.1	1.31
									1.59
Discharges To Private Residence/Average Daily Census	118.6	73.1	1.62	100.1	1.19	86.7	1.37	74.8	
Residents Receiving Skilled Care	99.1	97.8	1.01	97.0	1.02	96.9	1.02	92.1	1.08
Residents Aged 65 and Older	100	96.5	1.04	90.1	1.11	90.9	1.10	88.4	1.13
Title 19 (Medicaid) Funded Residents	29.1	48.9	0.59	55.5	0.52	55.0	0.53	65.3	0.44
Private Pay Funded Residents	61.5	31.3	1.96	21.9	2.81	22.5	2.73	20.2	3.05
Developmentally Disabled Residents	0.0	0.4	0.00	1.2	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	34.2	31.3	1.09	28.6	1.20	31.0	1.10	32.9	1.04
General Medical Service Residents	13.7	27.9	0.49	30.3	0.45	26.5	0.52	22.8	0.60
Impaired ADL (Mean)	51.8	51.5	1.01	52.9	0.13	52.3	0.99	49.2	1.05
Psychological Problems	75.2	62.4	1.20	56.3	1.34	58.3	1.29	58.5	1.29
Nursing Care Required (Mean)	4.5	7.0	0.64	6.9	0.65	7.3	0.62	7.4	0.60